MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		2						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
11		1						61						
12		1						62						
-13		1						63						
14		1						64						
15		1						65						
16								66						
17								67						
18								68						
19								69						
20								70						
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39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1	⇩		⇩		⇩		TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.	15	⇐		⇐		⇐		TOTAL DEP.		⇐		⇐		⇐
TOTAL CLAIMS	16							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS